FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number: 3235-0076							
Expires:	April 30, 2008						
Estimated average burden							
Hours per response							
SEC USE ONLY							
Prefix Serial							
DATE F	RECEIVED						

Name of Offering ( ch	eck if this is an amendment and name has changed, and indicate	change.) Limited Liability Company Interests
Filing Under (Check box(es) that apply: Type of Filing: New Filing	Rule 504 Rule 505 Rule 506 Amendment	Section 4(6) ULOE
aday kalasa da kalanda ara	A. BASIC IDENTIFICATION DATA	
1. Enter the information request	ed about the issuer	/ NOV 5 Z003 //
Name of Issuer ( check if this is an ar	nendment and name has changed, and indicate change.) Leigh Cr	reek, LLC
Address of Executive Offices	(Number and Street, City, State, Zip Code)	(Telephone Number (including Area Code) 35
525 Oak Knoll Lane Menlo Park, California 94025		650-868-3708
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	(Telephone Number (including Area Code)
Brief Description of Business Real Estate Development		
Type of Business Organization  corporation business trust	limited partnership, already formed limited partnership, to be formed	other (please specify) Limited Liability Company
	n or Organization:    Month Year	Estimated  I D
GENERAL INSTRUCTIONS		U as a sure of the first

### GENERAL INSTRUCTIONS

### **Federal**

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

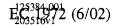
Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.





## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Full Name (Last name first, if individual)  Foster, William Kelly  Business or Residence Address (Number and Street, City, State, Zip Code)  525 Oak Knoll Lane, Menlo Park, CA 94025  Check Box(es) that Apply:			•			
Business or Residence Address (Number and Street, City, State, Zip Code)    S25 Oak Knoll Lane, Menlo Park, CA 94025    Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	⊠General and/or Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code)  525 Oak Knoll Lane, Menlo Park, CA 94025  Check Box(es) that Apply:	Full Name (Last name first, if	individual)				
S25 Oak Knoll Lane, Menlo Park, CA 94025  Check Box(es) that Apply:						·
Check Box(es) that Apply:	Business or Residence Address	s (Number and Street	t, City, State, Zip Code)			
Parker, David W.  Business or Residence Address (Number and Street, City, State, Zip Code) 71 Shavano Drive, Aspen., CO 81611  Check Box(es) that Apply:	525 Oak Knoll La	ne, Menlo Park, CA	94025			
Parker, David W. Business or Residence Address (Number and Street, City, State, Zip Code) 71 Shavano Drive, Aspen, CO 81611  Check Box(es) that Apply:	Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code) 71 Shavano Drive, Aspen, CO 81611  Check Box(es) that Apply:	Full Name (Last name first, if	individual)		<del></del>		
T1 Shavano Drive, Aspen, CO 81611  Check Box(es) that Apply:	Parker, David W.					
Steven Schwanke and Barbara Schwanke, Co-Trustees of The Schwanke Family 1991 Trust u/t/a dated April 5, 1991  Full Name (Last name first, if individual)  1100 Bay Laurel Road, Menlo Park, CA 94025  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:			t, City, State, Zip Code)			
Full Name (Last name first, if individual)  1100 Bay Laurel Road, Menlo Park, CA 94025  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:			anke, Co-Trustees of The Sc	hwanke Family 1991 Tru	ist u/t/a dated /	April 5, 1991
Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:		•				
Check Box(es) that Apply:					<del>-</del>	
Stone, John M.  Full Name (Last name first, if individual)  104 South Division, Spokane, WA 99202  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:	business of Residence Address	(Number and Street	i, City, State, Zip Code)	•		
Full Name (Last name first, if individual)  104 South Division, Spokane, WA 99202  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:						
Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:	Full Name (Last name first, if	individual)				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Pa  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Pa  Full Name (Last name first, if individual)						
Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:	Business or Residence Address	s (Number and Street	t, City, State, Zip Code)			
Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply:  Promoter Beneficial Owner Executive Officer Director General and/or Managing Pa  Full Name (Last name first, if individual)	Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Check Box(es) that Apply:  Promoter Beneficial Owner Executive Officer Director General and/or Managing Pa	Full Name (Last name first, if	individual)				
Full Name (Last name first, if individual)	Business or Residence Address	s (Number and Street	t, City, State, Zip Code)	·		
	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name first, if	individual)				
	Business or Residence Address	s (Number and Street	t, City, State, Zip Code)			
Check Box(es) that Apply:	Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	Full Name (Last name first, if	individual)				
Business or Residence Address (Number and Street, City, State, Zip Code)	Business or Residence Address	(Number and Street	t, City, State, Zip Code)			
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)		4	(Use blank sheet or conven	duse additional copies of the	hic cheet as page	eccany)

us barg			ar j	124.32	B. INFO	ORMATION	ABOUT OF	FERING	(1) (1) (1)	Marine	V	American State (State Section)	ů.jn
1.	Has the issue	er sold, or do	es the issuer in	ntend to sell,		ited investors ilso in Append				··············.	Yes	No ⊠	
2.	What is the	minimum inve	estment that w	ill be accepte	d from any in	dividual:		•••••			N/A		
3.	Does the off	ering nermit i	oint ownershi	n of a single :	ınit?						Yes ⊠	No	
4.						will be paid or							
	person or ag	ent of a broke persons to be	er or dealer re	gistered with	the SEC and/	es of securities for with a state broker or dea	e or states, lis	t the name of	the broker or	dealer. If mo	ore		•
Full	Name (Last n	N/A ame first, if i	ndividual)					<u></u>					
Busi	iness or Reside	ence Address	(Number and	Street, City,	State, Zip Co	ode)			<del></del>				_
Nan	ne of Associate	ed Broker or	Dealer				_						<del></del>
State	es in Which Po	erson Listed I	Has Solicited (	or Intends to S	Solicit Purchas	SALS							<del></del> ,
Jul											☐ Al	1 States	
	AL	AK	AZ	AR	CA	CO	СТ	DE	DC	FL	GA	HI	ID
	· IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM·	NY	NC	ND	ОН	ОК	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	Wi	WY	PR
Full	Name (Last n	ame first, if i	ndividual)					<u> </u>					_
Busi	iness or Reside	ence Address	(Number and	Street, City,	State, Zip Co	ode)							_
Nan	ne of Associate	ed Broker or	Dealer										
State	es in Which Po (Check "All					sers	4,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ A1	1 States	
	AL	AK	AZ	AR	CA	СО	СТ	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ОК	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	Name (Last n	ame first, if i	ndividual)										_
Busi	iness or Reside	ence Address	(Number and	Street, City,	State, Zip Co	xde)						A	<del></del>
Nan	ne of Associate	ed Broker or	Dealer		<u>,</u>								_
State	es in Which Pe (Check "All					sers				******	☐ Al	l States	
	AL	AK	AZ	AR	CA	СО	СТ	DE	DC	FL.	GA	Н	ID
	IL	IN	IA	K\$	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	w	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

#### \*C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 🗌 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Type of Security Aggregate Offering Price Sold Debt ..... -0--0-Equity -0-☐ Common ☐ Preferred Convertible Securities (including warrants) -0-Partnership Interests ...... -0-\$ 140,500.00 Equity \$ -0--0-Total \$140,500.00 \$ 140,500.00 Answer also in Appendix, Column 3 if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases Accredited Investors 26 \$ 702,500.00 Non-accredited Investors -0--0-Total (for filings under Rule 504 only)..... 26 \$ 702,500.00 Answer also in Appendix, Column 4 if filing under ULOE. If this filing is for an offering under rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Offering Type of Dollar Amount Security Sold Rule 505 Regulation A Rule 504 \$0.00 Total ...... Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs. Legal Fees $\boxtimes$ \$ 5,000.00

Accounting Fees.

Engineering Fees.

Sales Commissions (specify finders' fees separately)

 \$ 800.00

\$ 5800.00

gar.	C. OFFERING PRICE, NUMBER O	DF INVESTORS; EXPENSES AND USE OF PRO	CEE	os a	
<u> </u>	b. Enter the difference between the aggregate offering price given furnished in response to Part C - Question 4.a. This difference	in response to Part C - Question 1 and total expenses	3	Tatti diki selim da	\$ 696,700.00
5.	Indicate below the amount of the adjusted gross proceeds to the purposes shown. If the amount for any purpose is not known, fur estimate. The total of the payments listed must equal the adjusted Part C - Question 4.b above.	rnish an estimate and check the box to the left of	the		
				Payments to Officers Directors & Affiliates	Payments to Others
	Salaries and fees			\$	<b>\$</b>
-	Purchase of real estate			\$	<b>\$</b>
	Purchase, rental or leasing and installation of machinery and equipment			•	
	Construction or leasing of plant buildings and facilities			\$	. □ \$
	Acquisition of other businesses (including the value of securities invol		Ш	3	L \$
	Offering that may be used in exchange for the assets or securities of a	nother	_		
	Issuer pursuant to a merger)		_	\$	
	Repayment of indebtedness			\$	_
	Working capital				•
	Other (specify):			\$	□ \$
				\$	□ \$
	Column Totals	<u>.</u>		\$	□ \$
	Total Payments Listed (column totals added)	<u>-</u>		⊠ \$ <u>6</u> 9	96,700.00
F. C.	D. I	FEDERAL SIGNATURE	grand (	Nation water	
ın u	essuer has duly caused this notice to be signed by the undersigned duly dertaking by the issuer to furnish to the U.S. Securities and Exchange corredited investor pursuant to paragraph (b)(2) of Rule 502.				
Iss	er (Print or Type)	Signature .		Date	
Le	gh Creek, LLC	William K. tos	lu	- 11-	11-05
Na	ne (Print or Type)	Title of Signer (Print or Type)		<u>-</u>	
		Managing Member			

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)